

Correspondence

The Editorial Board will be pleased to receive and consider for publication correspondence containing information of interest to physicians or commenting on issues of the day. Letters ordinarily should not exceed 600 words, and must be typewritten, double-spaced and submitted in duplicate (the original typescript and one copy). Authors will be given an opportunity to review any substantial editing or abridgment before publication.

Treatment for Heatstroke Victims

TO THE EDITOR: This is a further comment on thermal resuscitation of heatstroke victims (Elliston E: *West J Med* 133:255-256, Sep 1980).

Evaporative cooling has been shown to be highly effective and probably safer than whole body emersion in the emergency room treatment of hyperthermia.¹ However, initial cooling for heatstroke or hyperthermia must begin in the field and continue during transport under conditions where optimum use of evaporative cooling may be difficult to achieve.

Cold packs applied to areas of large superficial vessels (neck, axillary, inguinal) have been used successfully to treat heatstroke in distance runners. Recent case reports have shown body cooling from initial rectal temperatures from between 43° and 42°C (109.4° and 107.6°F) to between 39.5° and 39.0°C (103.1° and 102.2°F) in 20 to 30 minutes.^{2,3} This method has the advantage of immediate application and minimum cutaneous vasoconstriction.

Emergency medical crews should be instructed in rapid initiation of regional cooling for heatstroke victims using commercially available chemical cold packs.

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2. Hanson PG, Zimmerman SW: Exertional heatstroke in novice runners. *JAMA* 242:154-157, 1979
3. Richards D, Richards R, et al: Management of heat exhaustion in Sydney's "The Sun City-to-Surf" fun runners. *Med J Aust* Nov 13, 1979, pp 457-461

Tonsillectomy and Adenoidectomy

TO THE EDITOR: Several points come to mind after reading the article by Davidson and Calloway concerning tonsillectomy and adenoidectomy in the November 1980 issue.¹

- Any physician who is caring regularly for a patient and who allows the patient to progress to right ventricular failure due to correctable upper

airway obstruction, in my opinion could be guilty of criminal negligence.

- The streptococcus is not the only organism that causes tonsillitis, and cultures that only identify or exclude this organism may miss many bacterial infections.

- No mention was made in the article of chronic tonsillitis, the day-in and day-out chronic inflammation and infection of the tonsils. Chronic tonsillitis may well represent the only chronic infectious disease in the body, relatively easily corrected by a surgical procedure, that is accepted as a normal state.

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REFERENCE

1. Davidson TM, Calloway CA: Tonsillectomy and adenoidectomy—its indications and its problems (Information). *West J Med* 133:451-454 Nov 1980

Radiation Therapy for Skin Cancer

TO THE EDITOR: In the November issue, Fischbach and colleagues state their case for the radiation therapy of skin cancer.¹ Unfortunately, their study and, therefore, their conclusions are marred by their woefully short follow-up. The authors do not provide data as to the length of follow-up except to state that there was a minimum two-year follow-up period, and "for most the period of evaluation was longer." Since the study was begun in 1969, and the paper published in 1980, ten years was the maximum follow-up—and for most it was obviously less.

The authors fail to recognize that any short-term conclusions regarding the results of radiotherapy of the skin are bound to be wrong. Numerous observations have shown that significant skin radiation—well below the doses used in radiotherapy of skin cancer—tends to result in carcinomatous degeneration decades later. Radiation scars are notorious for *late* recurrences or carcinomatous degeneration—it is often impossible to decide which mechanism is responsible.

Similarly, Fischbach's conclusions that "cosmetic and functional results were excellent" is